



Fee Only

**PATENT**  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Brian N. Tufte

Confirmation No.: 9075

Serial No. 10/074,356

Examiner: I. Negron

Filing Date: February 12, 2002

Group Art Unit 2875

For: ELONGATED ILLUMINATION DEVICE

Docket: 1076.1105101

**AMENDMENT**

Mail Stop Amendment  
Assistant Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE UNDER 37 C.F.R. 1.8:** I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this 19th day of May, 2004.

By: \_\_\_\_\_

Brian N. Tufte

Dear Sir:

This Amendment is being filed in response to the Official Action of the Examiner mailed February 20, 2004, setting a three-month shortened statutory period for response ending May 20, 2004.

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 16 of this paper.

~~05/26/2004 MAHRED1 00000083 10074356~~

~~01 FC:1202 306.00 DP~~

~~02 FC:1201 172.00 DP~~

~~Repln. Ref: 05/26/2004 MAHRED1 0020033900~~

~~DAH:500413 Name/Number:10074356~~

~~FC: 9204 46.00 CR~~

07/22/2004 CPARIS 00000001 500413 2.00004356

01 FC:1202 342.00 DA

02 FC:1201 258.00 DA

Repln. Ref: 07/22/2004 CPARIS 0016452900  
DAH:500413 Name/Number:10074356 \$478.00 CR  
FC: 9204

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/074356

## CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 =	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

\* If the difference in column 1 is less than zero, enter "0" in column 2

5/24/04

## CLAIMS AS AMENDED - PART II

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* <u>46</u>	Minus	** <u>27</u> = <u>19</u>
	Independent	* <u>14</u>	Minus	*** <u>11</u> = <u>3</u>
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

	(Column 1)		(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	** =
	Independent	*	Minus	*** =
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY TYPE - ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	<u>\$385</u>
X\$9=	
X\$13=	
+145=	
TOTAL	

RATE	FEE
BASIC FEE	<u>\$770</u>
X\$18=	
X\$26=	
+290=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$9=	<u>171</u>
X\$13=	<u>129</u>
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	<u>342</u>
X\$26=	<u>258</u>
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$26=	
+290=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$9=	
X\$13=	
+145=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
X\$18=	
X\$26=	
+290=	
TOTAL ADDIT. FEE	